



## HOCKEY LIABILITY QUESTIONNAIRE

(Amateur Only)

**PLEASE ANSWER ALL QUESTIONS**

**IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Name of Applicant:
2. Contact Name:
3. Mailing Address:
4. Season Dates: From:                      To:
5. How did you hear about this program?  Internet     iPlayHockey     Other
6. Specify level(s) of play:  
 Min. Novice     Novice     Min. Atom     Atom     Min. Peewee     Peewee  
 Min. Bantam     Bantam     Adult Recreational     Other – Describe:
6.  Full Contact     Non-Contact
7. Is the Applicant:    A team?  Yes  No    A league?  Yes     No  
No. of teams:              No. of players:              No. of games played:              No. of practices:
- Are coaches/instructors certified:  Yes     No    Describe:
8. Is the Applicant a hockey school?  Yes     No  
Are the coaches/instructors certified:  Yes     No    Describe:
- Full contact scrimmaging?  Yes     No              Percentage of class time:              %
9. Any tournaments in the U.S.A.?  Yes     No  
If Yes, number of tournaments:
10. C.H.A. sanctioned rules enforced?  Yes     No  
Is a discipline policy in place and enforced?  Yes  No  
C.H.A. sanctioned protective gear required?  Yes     No
11. Has the applicant carried prior insurance?  Yes  No  
Has applicant had any related claims?               Yes  No

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

\_\_\_\_\_ Signature of Applicant (authorized representative)